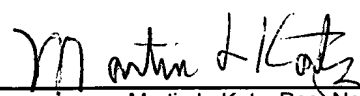


FORM PTO-1390 (REV. 10-2003)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTORNEY'S DOCKET NUMBER TEX4542P0481US	
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371				U.S. APPLICATION NO. OF INVENTOR 10/533693	
INTERNATIONAL APPLICATION NO. PCT/US2003/035526		INTERNATIONAL FILING DATE 7 November 2003		PRIORITY DATE CLAIMED 8 November 2002	
TITLE OF APPLICATION: Combination Products with Carboxylic Acid Derivatives that Inhibit the Binding of Integrins to Their Receptors and Other Therapeutic Compounds					
APPLICANT(S) FOR DO/EO/US: Peter Vanderslice, et al.					
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:					
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input type="checkbox"/> The US has been elected. (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> <input type="checkbox"/> is attached hereto <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)). <ol style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated to the International Bureau c. <input type="checkbox"/> have not been made; however, the time for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). (Unexecuted) 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). <p>Items 11 to 20 below concern document(s) or information included:</p> <ol style="list-style-type: none"> 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A preliminary amendment. 14. <input type="checkbox"/> An Application Data Sheet. 15. <input type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A power of attorney and/or change of address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825. 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. (154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input type="checkbox"/> Other items of information. 					

U.S. APPLICATION NO. 01533693		INTERNATIONAL APPLICATION NO. PCT/US2003/035526		ATTORNEY DOCKET NUMBER TEX4542P0481US	
21. The following fees are submitted				Applicant Use	Office Use Only
<input checked="" type="checkbox"/> a) Basic national fee \$300.00				\$300.00	
<input checked="" type="checkbox"/> b) Examination fee \$200.00				\$200.00	
<input checked="" type="checkbox"/> c) Search fee \$500.00				\$500.00	
TOTAL OF ABOVE CALCULATIONS = \$1,000.00				\$1,000.00	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250.00 for each additional 50 sheets of paper or fraction thereof					
Total Sheets	Extra Sheets	Number of Additional 50 or fraction thereof (round up to a whole number)	Rate		
- 100 =	/50		x \$250.00	\$	
Surcharge of \$130.00 for furnishing oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total Claims	36 -20 =	16	x \$50.00	\$800.00	
Independent claims	6 - 3 =	3	x \$200.00	\$600.00	
Multiple Dependent Claim(s) (if applicable)			+ \$360.00	\$	
TOTAL OF ABOVE CALCULATIONS =				\$2,400.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$	
SUBTOTAL =				\$2,400.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$	
TOTAL NATIONAL FEE				\$2,400.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +				\$	
TOTAL FEES ENCLOSED =				\$2,400.00	
Amount to be refunded:					\$
Amount to be charged:					\$
a. <input checked="" type="checkbox"/> A check in the amount of \$2,400.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge Deposit Account No. 23-0785 in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23-0785. A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.					
Send Correspondence to: CUSTOMER NUMBER: 32116 WOOD, PHILLIPS, KATZ, CLARK & MORTIMER Citicorp Center, Suite 3800 500 West Madison Street Chicago, Illinois 60661-2511 Telephone: (312) 876-1800 Facsimile: (312) 876-2020			<div style="text-align: center;">  _____ Martin L. Katz, Reg. No. 25,011 </div> <div style="text-align: center; margin-top: 20px;"> May 3, 2005 _____ Date </div>		

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>11-22-05</u>		2 Serial/Patent # <u>10/533693</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$ <u>400.00</u>								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
Overpayment		Credit Deposit A/c #:										
Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">8</td> <td style="width: 20px;">5</td> </tr> </table>				2	3	--	0	7	8	5
2	3	--	0	7	8	5						
No Fee Due (Explanation):												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Barbara Campbell</u> TITLE: _____ SIGNATURE: <u>[Signature]</u> PHONE: _____ OFFICE: <u>PCT/DO/EO</u>												
<div style="text-align: right; font-size: small;"> Date: 11/23/2005 09:00:00 AM Office: PCT/DO/EO </div>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____ DATE: _____												

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: